

## Family Violence Prevention & Services Program

### **2021 American Rescue Plan (ARP) Grants to Support Survivors of Sexual Assault Supplemental Funding FAQs – FVPSA Formula Mandatory Grant Recipients: States, Territories, and Tribes**

On March 11, 2021, President Biden signed into law the [American Rescue Plan Act of 2021 \(ARP\)](#), a \$1.9 trillion economic stimulus bill designed to speed up America's recovery from the economic and health effects of the COVID-19 pandemic. With the passage of this bill, the Family Violence Prevention and Services Act (FVPSA) has received an historic investment for rape crisis centers and sexual assault programs to support sexual assault survivors impacted by the COVID-19 public health emergency. For FVPSA, Section 2204 provides a total of \$198 million to remain available until expended through September 30, 2025.

The purpose of the ARP Grants to Support Survivors of Sexual Assault is to 1) assist with the transition to virtual/remote services for rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs that provide crisis services, support services, and assistance to survivors of sexual assault, and 2) support the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency.

States, territories, and tribes may allocate this supplemental funding via subawards to rape crisis centers, sexual assault programs, tribal programs, culturally specific organizations, and underserved communities' organizations within 90 days of receiving this federal grant award.

Given the urgent impact of COVID-19 on services for sexual assault survivors, FVPSA states, territories, and tribal grant recipients will be expected to provide an initial disbursement to meet the timeframe established and it should not be later than February 28, 2022. Additional disbursements of funding are allowable to support states that may want to issue the supplemental funding broadly to reach sexual assault programs, culturally specific programs, and tribes serving sexual assault survivors. If the states will provide multiple disbursements over multiple years, then please describe the distribution plan in your supplemental application proposal.

States, territories, and tribes may allocate subawards to sexual violence coalitions, tribal coalitions, LGBTQ+ technical assistance providers, sexual violence technical assistance resource centers, and culturally specific technical assistance providers in order to provide training and technical assistance to rape crisis centers, sexual assault programs, tribal programs, and culturally specific organizations subaward recipients.

These funds will remain available until expended and through the end of FY 2025, September 30, 2025. FVPSA states, territories, and tribal grant recipients can access the [ARP Grants to Support Survivors Sexual Assault program instruction guidance memo online](#), which includes details on the allowable uses of funds and reporting requirements.

## Budget and Budget Narrative

**Question: My agency does not have a copy of our Notice of Award; how do we obtain a copy?**

**Answer:** If there are any questions about the ARP COVID-19 testing, vaccine, and mobile health units supplemental funding Notice of Award letters or the financial implementation of these supplemental grants, then please reach out to the ACF Office of Grants Management at [FPRG-OGM@acf.hhs.gov](mailto:FPRG-OGM@acf.hhs.gov).

**Question: Can this supplemental grant be transferred to another state agency?**

**Answer:** No, the FVPSA Program cannot transfer the ARP Grants to Support Survivors of Sexual Assault supplemental grant award to another state agency. All ARP Grants to Support Survivors of Sexual Assault supplemental grant awards have been issued to existing FVPSA state, territory, and tribal grant recipients.

To ensure an understanding of the scope of rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs in a state or jurisdiction, FVPSA funded states, territories and tribes are encourage to use partnerships established to coordinate the State's Violence Against Women (VAWA) Act implementation plan, the Victims of Crime (VOCA) Act State plan, the Rape Prevention and Education (RPE) Act State plan, and the FVPSA State plan/application pursuant to the Violence Against Women Reauthorization (VAWA) Act of 2013. States, territories, and tribes may partner with VOCA and VAWA administrators to assist and support rape crisis centers, sexual assault programs, tribal programs, LGBTQ+ programs, and culturally specific programs.

All FVPSA grant recipients are allowed and strongly encouraged to establish formal partnership agreements, MOUs, or interagency agreements with state agencies, tribal coalitions, sexual assault coalitions, and health care providers in order to provide training and technical assistance for rape crisis centers, sexual assault programs, tribal programs, LGBTQ+ programs, and culturally specific programs in their states and local communities.

**Question: Is there a match required for these supplemental funds?**

**Answer:** No match is required for these supplemental grant awards or subawards.

**Question: Do we have to use the funds this fiscal year?**

**Answer:** No, grant recipients do not have to use all the funds in one fiscal year. ARP supplemental funds were made available on October 25, 2021 and will remain available until expended and through the end of FY 2025, September 30, 2025.

**Questions: Do we have to use all of the funds all the way up to 2025?**

**Answer:** No, ARP funds do not have to be used through 2025, grantees have the flexibility to use the funds over multiple years based on need. ARP supplemental funds were made available on October 25, 2021 and will remain available until expended and through the end of FY 2025, September 30, 2025.

**Question: Can we propose to end services for this grant earlier?**

**Answer:** Yes, activities proposed under ARP supplemental funding may end prior to September 30, 2025. ARP supplemental funding will remain available until expended and through the end of FY 2025, September 30, 2025, but funds may be fully spent down prior to that time.

**Question: Can we propose to make more than one disbursement of supplemental funds to subrecipients?**

**Answer:** Yes, states may determine to disburse the funding over multiple years. Given the urgent impact of COVID-19 on services for sexual assault survivors, FVPSA states, territories, and tribal grant recipients will be expected to provide an initial disbursement to meet the timeframe established and it should not be later than February 28, 2022. Additional disbursements of funding are allowable to support states that may want to issue the supplemental funding broadly to reach sexual assault programs, culturally specific programs, and tribes serving sexual assault survivors. If states chose to provide multiple disbursements over multiple years, then please describe the distribution plan in your supplemental application proposal.

## Allowable Uses of Funds

**Question: How is sexual assault defined?**

**Answer:** The term ‘sexual assault’ means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

**Question: How is rape crisis center defined?**

**Answer:** The term "rape crisis center" means a nonprofit, nongovernmental, or tribal organization, or governmental entity in a state other than a territory that provides intervention and related assistance to victims of sexual assault without regard to their age. In the case of a governmental entity, the entity may not be part of the criminal justice system (such as a law enforcement agency) and must be able to offer a comparable level of confidentiality as a nonprofit entity that provides similar victim services. See 34 U.S.C. § 12291(a)(25). Pursuant to 34 U.S.C. § 12511(b)(2)(C), intervention and related assistance may include:

1. 24-hour hotline services providing crisis intervention services and referral.
2. Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings.
3. Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members.
4. Information and referral to assist the sexual assault victim and family or household members.
5. Community-based, culturally specific services and support mechanisms, including outreach activities for underserved communities.
6. Development and distribution of materials on issues related to the services described in numbers 1 through 5 above.

**Question: How are culturally specific services defined?**

**Answer:** Pursuant to 34 U.S.C. § 12291(a)(7), “culturally specific services” means community-based services that include culturally relevant and linguistically specific services and resources to culturally specific communities. Pursuant to 34 U.S.C. § 12291(a)(6), “culturally specific” means primarily directed toward racial and ethnic minority groups (as defined in 42 U.S.C. § 300u-6(g)) (which means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian American; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics). The term “Hispanic” or “Latino” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish speaking country. This underserved populations definition also includes other population categories determined by the Secretary [of Health and Human Services] or the Secretary’s designee to be underserved."

**Question: Can supplemental funds be used to meet the basic needs of sexual assault survivors?**

**Answer:** Yes, ARP Grants to Support Survivors of Sexual Assault supplemental funding can be used to meet the basic needs of survivors of sexual assault. ARP supplemental funds can be used to support the operation and administration of rape crisis centers and sexual assault programs as well as to provide supportive services to ensure that survivors receive the care, support and services they need while reducing the exposure to and risk of contracting the COVID-19 virus which includes, but is not limited to:

- Staffing
- Utilities
- Food and toiletries
- Rental costs of the facility
- Safe homes
- Hotel or motel vouchers
- Emergency and immediate shelter
  - Temporary refuge or lodging in individual units such as apartments
    - Not required to be owned, operated or leased by the program
- Supplies for the rape crisis centers and sexual assault programs
  - Including supplies for survivors such as:
    - Clothing,
    - Toiletries,
    - Personal Protection Equipment (PPE) etc.
- Transportation
- Developing safety plans
- Individual and group counseling and peer support groups
- Training, technical assistance, prevention, and outreach to increase awareness of sexual assault services and culturally specific services
- Culturally specific and linguistically appropriate services
- Language accesses services and supports
- Services for children and youth
- Advocacy, case management services, and information and referral services

While rental subsidies are included in the definition, per [42 U.S.C. § 10408\(d\)](#), FVPSA funds may not be used as a direct payment to any victim, thus the sexual assault program would have to pay the cost of rent directly to the landlord. Third-party vendor payments are an allowable expense for ARP supplemental funding. Grantees and subrecipients should have an established policy in place to make these funds available to all program participants; to ensure these funds meet a reasonable, basic need; and to ensure that grant funds are not exhausted or depleted under this singular use. Grantees must be aware of financial reporting and auditing requirements for provision of such service. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E?toc=1>.

**Supportive Services** – For the purposes of this supplemental funding, supportive services is defined as services for adult and youth victims of family violence, domestic violence, dating violence, and sexual assault and their dependents that are designed to meet the needs of such victims and their dependents for short-term, transitional, or long-term safety and recovery. Supportive services include, but are not limited to: direct and/or referral-based advocacy on

behalf of victims and their dependents, counseling, case management, employment services, referrals, transportation services, legal advocacy or assistance, child care services, health, behavioral health and preventive health services, culturally and linguistically appropriate services, and other services that assist victims or their dependents in recovering from the effects of the violence (45 CFR § 1370.2).

**Question: Did sexual assault coalitions and tribal coalitions receive a separate ARP supplemental grant award from FVPSA to provide training and technical assistance?**

**Answer:** No, the ARP Grants to Support Survivors of Sexual Assault did not provide a separate appropriation for training and technical assistance; the FVPSA Program is not able to provide separate supplemental awards for sexual assault coalitions and tribal coalitions.

The FVPSA Program has allowed for states, territories, and tribes to use ARP Grants to Support Survivors of Sexual Assault supplemental funding to allocate subawards or contracts to sexual violence coalitions, tribal coalitions, LGBTQ+ technical assistance providers, sexual violence technical assistance resource centers, and culturally specific technical assistance providers in order to provide training and technical assistance to rape crisis centers, sexual assault programs, tribal programs, and culturally specific organizations subaward recipients.

**Question: Can tribal coalitions receive a subaward from a state or a tribe?**

**Answer:** Yes, the FVPSA Program has allowed for states, territories, and tribes to use ARP Grants to Support Survivors of Sexual Assault supplemental funding to allocate subawards or contracts to tribal coalitions in order to provide training and technical assistance to rape crisis centers, sexual assault programs, tribal programs, and culturally specific organizations subaward recipients.

**Question: What virtual services expenses are allowable?**

**Answer:** The ARP Grants to Support Survivors of Sexual Assault are intended to support rape crisis centers and sexual assault programs to transition to virtual services or continue virtual services. This supplemental funding will support all costs associated with rape crisis centers and sexual assault programs systematically designing, implementing, and assessing ways to optimize the use of virtual services and teleservices for survivors of sexual assault that that have been impacted by the COVID-19 public health emergency.

This supplemental funding may be used to support the existing virtual, remote, telehealth, and teletherapy services for survivors of sexual assault. These funds may be used to support computers, mobile devices, software, internet services, mobile services, technology services contracts. Grant recipients and subrecipients may use funds to support the safety of survivor data, including servers, firewall protection software, and training for personnel and survivors on topics such as proper use of devices and service portals, security of passwords, and available data safety features.

**Question: Public transportation has become limited/non-existent. Will we be able to purchase vehicles to support staff travel to areas of service where transportation doesn't exist?**

**Answer:** Yes, vehicles are an allowable expense under the FVPSA Program. Motor vehicles are defined as general purpose equipment, meaning they are equipment “which is not limited to research, medical, scientific or other technical activities” 45 CFR §75.2. The Cost Principles state that capital expenditures for vehicles and other general-purpose equipment are unallowable as a

direct cost, “except with the prior written approval of the HHS awarding agency or pass-through entity” 45 CFR §75.439(b)(1). Therefore, there must be prior written approval before the purchase of a motor vehicle is allowed. In addition, if approved, “capital expenditures will be charged in the period in which the expenditure is incurred, or as otherwise determined appropriate and negotiated with the HHS awarding agency” 45 CFR §75.439(b)(4).

Once purchased, the motor vehicle may only be used for specific grant related activities. Under the Family Violence Prevention and Services Act (Pub.L. 114-38), grant funds may be used for the “provision of advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including ... provision of transportation” 42 USC §10408(b)(1)(G)(v).

In order for a grantee to purchase a vehicle, they will need to obtain written approval for the purchase. They will also have to ensure that the vehicle is used in support of the FVPSA activities, ensuring victims and survivors have access to the services they need.

**Question: Survivors requiring shelter and/or exiting shelter to other permanent living conditions cannot access moving services (i.e., U-Haul as it is not in immediate area of service). Could the program purchase a trailer that could be hitched to the back of a vehicle to facilitate with moving survivor's belongings?**

**Answer:** Yes, ARP supplemental funds may be used to cover the cost of addressing basic needs and providing rental assistance, hotel, motel, utilities, and nominal moving costs for sexual assault survivors and their children as they recover and stabilize during the COVID-19 public health emergency. Grantees should have an established policy in place to make these funds available to all program participants; to ensure these funds cover reasonable, common costs related to moving expenses; and to ensure that grant funds are not exhausted or depleted under this singular use. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E?toc=1>.

**Question: Is covering housing rental costs for survivors an allowable expense?**

**Answer:** Yes, ARP supplemental funds may be used to cover the cost of addressing basic needs and providing rental assistance, hotel, motel, utilities, and nominal moving costs for sexual assault survivors and their children as they recover and stabilize during the COVID-19 public health emergency. Grantees should have an established policy in place to make these funds available to all program participants who may be need; ensure these funds meet a reasonable, temporary/short-term need; and that grant funds are not exhausted or depleted under this singular use. Also, see above definition of supportive services.

**Question: Is paying for vehicle repairs for survivors to aid in mobility/access allowable?**

**Answer:** Yes, payment for vehicle repairs for survivors is allowable, these payments must be made directly to vendors. Third-party vendor payments are an allowable expense for ARP supplemental funding. Grantees and subrecipients should have an established policy in place to make these funds available to all program participants; to ensure these funds meet a reasonable, basic need; and to ensure that grant funds are not exhausted or depleted under this singular use. Grantees must be aware of financial reporting and auditing requirements for provision of such service. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative

Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E?toc=1>.

**Question: Can the ARP Grants to Support Survivors of Sexual Assault supplemental funds to hire a consultant or employee to work on emergency preparedness with all of our funded programs?**

**Answer:** Yes, please review the ARP Grants to Support Survivors of Sexual Assault Supplemental Funding Program Instructions, *Prepare* section, pages 6-8.

For example, these ARP supplemental funds may be used to hire consultants or employees to assess the capacity of agencies, local rape crisis centers/sexual assault programs, culturally specific programs, and tribes to provide continuity of sexual assault services, including emergency operations plans and plans to address increasing service demands, remote services operational capacity, potential provider closures, and staff absenteeism.

**Question: Will funds support prevention services?**

**Answer:** Yes, please review the ARP Grants to Support Survivors of Sexual Assault Supplemental Funding Program Instructions, page 6, *Prevent*.

For example, these ARP supplemental funds may be used to provide prevention services, including outreach to underserved populations to increase virtual access to sexual assault services and reduce the exposure to and risk of contracting the COVID-19 virus.

**Question: Will funds support outreach services?**

**Answer:** Yes, please review the ARP Grants to Support Survivors of Sexual Assault Supplemental Funding Program Instructions, page 6, *Prevent*.

For example, these ARP supplemental funds may be used to provide prevention services, including outreach to underserved populations to increase virtual access to sexual assault services and reduce the exposure to and risk of contracting the COVID-19 virus.

**Question: What workforce capacity building, expansions, and supports are allowable?**

**Answer:** The ARP Grants to Support Survivors of Sexual Assault can be used for workforce-related expansions and supports, or to reimburse subrecipients or contractors for such costs and for costs that include but are not limited to:

- Planning for implementation of sexual assault services, COVID-19 mitigation strategies; implementation of mobile advocacy services; language access planning, or virtual/remote services implementation;
- Training providers and staff on COVID-19 mitigation activities; implementation of mobile advocacy services; or virtual/remote services implementation;
- Hiring providers and staff to carry out sexual assault services; COVID-19 mitigation strategies; implementation of mobile advocacy services; or virtual/remote services implementation;
- Reporting data to HHS on sexual assault services; COVID-19 mitigation strategies; implementation of mobile advocacy services; or virtual/remote services implementation; and

- Expenses to secure and maintain adequate personnel to carry out sexual assault services; COVID-19 mitigation strategies; implementation of mobile advocacy services; or virtual/remote services implementation may be considered allowable costs under applicable HHS regulations if the activity generating the expense and/or the expenses are necessary to secure and maintain adequate personnel. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-E?toc=1>. These requirements apply to the FVPSA recipient and any subrecipients. The FVPSA recipient should thoroughly review these regulations before developing your proposed budget. Such expenses may include:
  - Hiring bonuses and retention payments,
  - Childcare,
  - Transportation subsidies, and
  - Other fringe or personal benefits authorized by HHS regulations ([45 CFR part 75](#))

The purpose of these allowable workforce capacity building expenses are to ensure the continuity of sexual assault services in local communities and for tribes by allowing supplement funding to be used to sustain an advocacy workforce to prevent, prepare for, and respond to the needs of sexual assault survivors impacted by the COVID-19 public health emergency. A sustainable workforce is needed to operate remote/virtual services for survivors; to implement mobile advocacy services for survivors sheltered throughout local communities; and to coordinate the COVID-19 mitigate strategies for each local program to keep families healthy and safe during this difficult time.

## Subawards

### **Question: What are states required to do when issuing subawards?**

**Answer:** States determine the method in which funds will be distributed and awarded. Per the Standing Announcement for Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Grants to States, and per FVPSA statute, in the distribution of FVPSA grant funds, the state must ensure that not less than 70 percent of the funds distributed are used for the primary purpose of providing immediate shelter and supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents; not less than 25 percent of the funds will be used for the purpose of providing supportive services and prevention services (42 U.S.C. 10408(b)(2)); and not more than 5 percent of the FVPSA grant funds may be used for state administrative costs (42 U.S.C. 10406(b)(1)).

In their application, States must provide a detailed description of the following:

- a) The procedures used to ensure an equitable distribution of grants and grant funds within the state and between urban and rural areas.
  - i. If the state is using a state-determined definition for rural or non-metro, please provide data to support it.
    1. provide documentation that this definition was given to the public for comment prior to its adoption (45 CFR 1370.10(b)(5)).
    2. describe the process to solicit input from the state coalition, the tribal coalition, and other stakeholders.
- b) The competitive process and/or formula, if the state is using one.
  - i. If funds are distributed by formula, describe the formula and how it was determined.

- c) For states with set asides or budget plans in place, identify the proposed amount of FVPSA funds to be provided to underserved populations (if known, list each population with the proposed percentage) including tribes.

**Subaward** -- An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. (Source: 45 CFR 75.2)

**Pass-through entity** – A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program. (Source: 45 CFR 75.2)

All states, territories, and tribes must review the UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARD 45 CFR § 75.352 Requirements for pass-through entities.

**Subrecipient** -- A Non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (Source: 45 CFR 75.2)

**Question: What are the requirements of pass-through entities?**

**Answer:** In accordance with 45 CFR § 75.352 Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

(1) Federal Award Identification.

(i) Subrecipient name (which must match the name associated with its unique entity identifier;

(ii) Subrecipient's unique entity identifier;

(iii) Federal Award Identification Number (FAIN);

(iv) Federal Award Date (see [§ 75.2](#) *Federal award date*) of award to the recipient by the HHS awarding agency;

(v) Subaward Period of Performance Start and End Date;

(vi) Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient;

(vii) Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation;

(viii) Total Amount of the Federal Award committed to the subrecipient by the pass-through entity;

(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);

(x) Name of HHS awarding agency, pass-through entity, and contract information for awarding official of the pass-through entity;

- (xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;
  - (xii) Identification of whether the award is R&D; and
  - (xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per [§ 75.414](#)).
- (2) All requirements imposed by the pass-through entity on the subrecipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award;
- (3) Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports;
- (4) An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in [§ 75.414\(f\)](#);
- (5) A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part; and
- (6) Appropriate terms and conditions concerning closeout of the subaward.
- (b) Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in [paragraphs \(d\)](#) and [\(e\)](#) of this section, which may include consideration of such factors as:
- (1) The subrecipient's prior experience with the same or similar subawards;
  - (2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with subpart F, and the extent to which the same or similar subaward has been audited as a major program;
  - (3) Whether the subrecipient has new personnel or new or substantially changed systems; and
  - (4) The extent and results of HHS awarding agency monitoring (*e.g.*, if the subrecipient also receives Federal awards directly from a HHS awarding agency).
- (c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in [§ 75.207](#).
- (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Pass-through entity monitoring of the subrecipient must include:
- (1) Reviewing financial and performance reports required by the pass-through entity.
  - (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.
  - (3) Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by [§ 75.521](#).
- (e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient (as described in [paragraph \(b\)](#) of this section), the following monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements and achievement of performance goals:
- (1) Providing subrecipients with training and technical assistance on program-related matters; and
  - (2) Performing on-site reviews of the subrecipient's program operations;
  - (3) Arranging for agreed-upon-procedures engagements as described in [§ 75.425](#).

- (f) Verify that every subrecipient is audited as required by [subpart F of this part](#) when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in [§ 75.501](#).
- (g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
- (h) Consider taking enforcement action against noncompliant subrecipients as described in [§ 75.371](#) and in program regulations.

**Question: For a myriad of reasons, our State office cannot meet the requirement to compete and distribute funds within 90 days of receipt of funding. What can we do if we are not able to meet the deadline?**

**Related question:** How can we do 3-year contracts with 90 days to distribute funds requirement?

**Related question:** Can we do one-year awards/contracts? How does that work with having to "distribute the funds in 90 days?"

**Related question:** Do we have to do a competitive process? 90 days is a really tight turnaround if we want to do a competitive process.

**Related question:** The 90-day timeframe would require our state to do an emergency contract procurement and would also prohibit us from using a competitive process.

**Answer:** Per the FVPSA Standing Notice of Funding Opportunity for State agencies, states determine the method in which funds will be distributed and awarded. All grantees have the flexibility to use the funds over multiple years based on need. States may determine to disburse the funding over multiple years. By February 7, 2022, at 6:00PM ET, the ARP supplemental funding brief statement, ARP Supplemental Funding Budget and Budget Narrative must be uploaded at <http://www.GrantSolutions.gov>. This statement verifies that the state agency, tribe, or domestic violence coalition is in a position to: 1) use these funds to provide services for sexual assault survivors affected by COVID-19 in accordance with FVPSA; and 2) accept a supplemental award.

In your brief statement, please explain why funds cannot be distributed within the timeframe required; describe your plan to distribute ARP supplemental funds to subawardees as immediately and expeditiously as possible, including the date by which this will occur, and the process to be used.

Given the urgent impact of COVID-19 on services for sexual assault survivors, FVPSA states, territories, and tribal grant recipients will be expected to provide an initial disbursement to meet the timeframe established and it should not be later than February 28, 2022. Additional disbursements of funding are allowable to support states that may want to issue the supplemental funding broadly to reach sexual assault programs, culturally specific programs, and tribes serving sexual assault survivors. If states choose to provide multiple disbursements over multiple years, then please describe the distribution plan in your supplemental application proposal.

## Reporting Requirements

**Question: Given the instructions for reporting and required use of the same PPR form, how will subrecipients collect and report non-duplicated demographic and services data and track program expenses for each of the FVPSA funding streams (i.e., core FVPSA grant, and ARP supplemental)? Our programs must report all of the people they serve for state and federal reporting purposes.**

**How can they do this without us asking for double data?**

**Answer:** The FVPSA Program will be consulting with OMB about the ability to streamline ARP supplement performance progress reporting so that states, territories, and tribes may be able to submit only one ARP performance progress report and participate in quarterly online surveys regarding reach and impact of all the ARP supplemental funding. The FVPSA Program will follow-up with all FVPSA ARP grant recipients once final decisions have been approved or not approved.

Please note that the FVPSA Program only has one set of OMB approved reporting forms for annual reporting from the states, tribes, and coalitions. FVPSA grant recipients will not be required to make substantive changes to their reporting process or procedures for one-time supplemental funding. See the ARP Grants to Support Survivors of Sexual Assault program instruction guidance memo: <https://www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-198-million-grants-support-survivors-sexual-0>

**Question: When are Performance Progress Reports due?**

**Answer:** All FVPSA ARP supplemental grant recipients are required to submit performance progress reports and financial reports. By December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET, all ARP Supplemental Funding Reports must be uploaded to OLDC. These reports will detail the implementation and allocation of the FVPSA ARP COVID-19 testing, vaccines, and mobile health units supplemental funding your agency or tribe received.

Program reporting forms for mandatory grant programs must be submitted electronically through the OLDC system at <http://www.GrantSolutions.gov>. Once you are on the homepage, locate “OLDC” on the top right side of the page, which will take you to the OLDC home page. Financial reporting forms must be submitted electronically to the Division of Payment Management through the Payment Management System (PMS). Paper copies will not be accepted.

**Question: When are Federal Financial Reports (FFRs) reports due?**

**Answer:** Recipients must submit Federal Financial Reports (FFRs) for each grant award using [SF-425](#). FFRs are due By December 30, 2022, December 30, 2023, December 30, 2024, and December 30, 2025, at 6:00 p.m. ET. Financial reporting forms must be submitted electronically to the Division of Payment Management through the Payment Management System, <https://pms.psc.gov/>.

## Additional Questions

**Question: Is the ARP Grants to Support Survivors of Sexual Assault program instruction guidance memo available online?**

**Answer:** Yes, the ARP Grants to Support Survivors of Sexual Assault program guidance memo is available on the FVPSA Programs website, <https://www.acf.hhs.gov/fysb/grant-funding/2021-fvpsa-american-rescue-plan-198-million-grants-support-survivors-sexual-0>

## Who should we contact for help?

### FVPSA Project Officer (FPO)

- Explains program objectives, program requirements, performance progress report requirements, and Notice of Funding Opportunity (NOFO) requirements
- Monitors the performance of individual grant projects
- Reviews performance progress reports

### ACF Grants Management Specialist (GMS)

- Explains regulations, policies, and financial aspects of your award
- Makes sure you comply with award requirements and cost policies
- Oversees receipt of required financial reports
- Follows up on overdue reports, as necessary

**ACF Office of Grants Management:** If there are any questions about the ARP COVID-19 testing, vaccine, and mobile health units supplemental funding Notice of Award letters or the financial implementation of these supplemental grants, then please reach out to the ACF Office of Grants Management at [FPRG-OGM@acf.hhs.gov](mailto:FPRG-OGM@acf.hhs.gov).

| State                | Grants Management Specialist | Email  | Phone Number   |
|----------------------|------------------------------|--|----------------|
| Alabama              | Karla Richardson             | <a href="mailto:karla.richardson@acf.hhs.gov">karla.richardson@acf.hhs.gov</a> | (404) 562-0567 |
| Alaska               | Ann Hudson                   | <a href="mailto:ann.hudson@acf.hhs.gov">ann.hudson@acf.hhs.gov</a>             | (206) 615-3660 |
| America Samoa        | Janice Caldwell, Director    | <a href="mailto:janice.caldwell@acf.hhs.gov">janice.caldwell@acf.hhs.gov</a>   | (214) 767-2965 |
| Arizona              | Susan Van Cleave             | <a href="mailto:susan.vancleave@acf.hhs.gov">susan.vancleave@acf.hhs.gov</a>   | (206) 615-3767 |
| Arkansas             | Sona Cook                    | <a href="mailto:sona.cook@acf.hhs.gov">sona.cook@acf.hhs.gov</a>               | (214) 767-2973 |
| California           | Susan Van Cleave             | <a href="mailto:susan.vancleave@acf.hhs.gov">susan.vancleave@acf.hhs.gov</a>   | (206) 615-3767 |
| Colorado             | Cynthia Leggett              | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| Connecticut          | Mary Evans                   | <a href="mailto:mary.evans@acf.hhs.gov">mary.evans@acf.hhs.gov</a>             | (617) 565-1108 |
| Delaware             | Calvin Jackson               | <a href="mailto:calvin.jackson@acf.hhs.gov">calvin.jackson@acf.hhs.gov</a>     | (214) 767-8122 |
| District of Columbia | Janice Realeza               | <a href="mailto:janice.realeza@acf.hhs.gov">janice.realeza@acf.hhs.gov</a>     | (215) 861-4007 |
| Florida              | Cindy Price-Hull             | <a href="mailto:cindy.pricehull@acf.hhs.gov">cindy.pricehull@acf.hhs.gov</a>   | (404) 562-2902 |
| Georgia              | Cindy Price-Hull             | <a href="mailto:cindy.pricehull@acf.hhs.gov">cindy.pricehull@acf.hhs.gov</a>   | (404) 562-2902 |
| Guam                 | Janice Caldwell, Director    | <a href="mailto:Janice.caldwell@acf.hhs.gov">Janice.caldwell@acf.hhs.gov</a>   | (214) 767-2965 |
| Hawaii               | Rhonda Collier               | <a href="mailto:rhonda.collier@acf.hhs.gov">rhonda.collier@acf.hhs.gov</a>     | (214) 767-2813 |
| Idaho                | Ann Hudson                   | <a href="mailto:ann.hudson@acf.hhs.gov">ann.hudson@acf.hhs.gov</a>             | (206) 615-3660 |
| Illinois             | Margaret Harrell             | <a href="mailto:margaret.harrell@acf.hhs.gov">margaret.harrell@acf.hhs.gov</a> | (312) 353-4720 |
| Indiana              | Cynthia Leggett              | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| Iowa                 | Valarie Williams             | <a href="mailto:valarie.williams@acf.hhs.gov">valarie.williams@acf.hhs.gov</a> | (214) 767-8130 |
| Kansas               | Sona Cook                    | <a href="mailto:sona.cook@acf.hhs.gov">sona.cook@acf.hhs.gov</a>               | (214) 767-2973 |
| Kentucky             | Karla Richardson             | <a href="mailto:karla.richardson@acf.hhs.gov">karla.richardson@acf.hhs.gov</a> | (404) 562-0567 |
| Louisiana            | Calvin Jackson               | <a href="mailto:calvin.jackson@acf.hhs.gov">calvin.jackson@acf.hhs.gov</a>     | (214) 767-8122 |
| Maine                | Michael Callis               | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (617) 565-2448 |
| Maryland             | Calvin Jackson               | <a href="mailto:calvin.jackson@acf.hhs.gov">calvin.jackson@acf.hhs.gov</a>     | (214) 767-8122 |
| Massachusetts        | Mary Evans                   | <a href="mailto:mary.evans@acf.hhs.gov">mary.evans@acf.hhs.gov</a>             | (617) 565-1108 |

|   |                           |  |                |
|---|---------------------------|--|----------------|
| <b>Michigan</b>                               | Cynthia Leggett           | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| <b>Minnesota</b>                              | Cynthia Leggett           | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| <b>Mississippi</b>                            | Karla Richardson          | <a href="mailto:karla.richardson@acf.hhs.gov">karla.richardson@acf.hhs.gov</a> | (404) 562-0567 |
| <b>Missouri</b>                               | Melinda Burnett           | <a href="mailto:melinda.burnett@acf.hhs.gov">melinda.burnett@acf.hhs.gov</a>   | (816) 426-5983 |
| <b>Montana</b>                                | Rhonda Collier            | <a href="mailto:rhonda.collier@acf.hhs.gov">rhonda.collier@acf.hhs.gov</a>     | (214) 767-2813 |
| <b>Nebraska</b>                               | Valarie Williams          | <a href="mailto:valarie.williams@acf.hhs.gov">valarie.williams@acf.hhs.gov</a> | (214) 767-8130 |
| <b>Nevada</b>                                 | Susan Van Cleave          | <a href="mailto:susan.vanceleave@acf.hhs.gov">susan.vanceleave@acf.hhs.gov</a> | (206) 615-3767 |
| <b>New Hampshire</b>                          | Mary Evans                | <a href="mailto:mary.evans@acf.hhs.gov">mary.evans@acf.hhs.gov</a>             | (617) 565-1108 |
| <b>New Jersey</b>                             | Michael Callis            | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (617) 565-2448 |
| <b>New Mexico</b>                             | Valarie Williams          | <a href="mailto:valarie.williams@acf.hhs.gov">valarie.williams@acf.hhs.gov</a> | (214) 767-8130 |
| <b>New York</b>                               | Michael Callis            | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (617) 565-2448 |
| <b>North Carolina</b>                         | Cindy Price-Hull          | <a href="mailto:cindy.pricehull@acf.hhs.gov">cindy.pricehull@acf.hhs.gov</a>   | (404) 562-2902 |
| <b>North Dakota</b>                           | Rhonda Collier            | <a href="mailto:rhonda.collier@acf.hhs.gov">rhonda.collier@acf.hhs.gov</a>     | (214) 767-2813 |
| <b>Northern Mariana Islands</b>               | Janice Caldwell           | <a href="mailto:janice.caldwell@acf.hhs.gov">janice.caldwell@acf.hhs.gov</a>   | (214) 767-2965 |
| <b>Ohio</b>                                   | Cynthia Leggett           | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| <b>Oklahoma</b>                               | Cindy Price-Hull          | <a href="mailto:cindy.pricehull@acf.hhs.gov">cindy.pricehull@acf.hhs.gov</a>   | (404) 562-2902 |
| <b>Oregon</b>                                 | Ann Hudson                | <a href="mailto:ann.hudson@acf.hhs.gov">ann.hudson@acf.hhs.gov</a>             | (206) 615-3660 |
| <b>Pennsylvania</b>                           | Janice Realeza            | <a href="mailto:janice.realeza@acf.hhs.gov">janice.realeza@acf.hhs.gov</a>     | (215) 861-4007 |
| <b>Puerto Rico</b>                            | Michael Callis            | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (215) 861-4785 |
| <b>Rhode Island</b>                           | Mary Evans                | <a href="mailto:mary.evans@acf.hhs.gov">mary.evans@acf.hhs.gov</a>             | (617) 565-1108 |
| <b>South Carolina</b>                         | Karla Richardson          | <a href="mailto:karla.richardson@acf.hhs.gov">karla.richardson@acf.hhs.gov</a> | (404) 562-0567 |
| <b>South Dakota</b>                           | Rhonda Collier            | <a href="mailto:rhonda.collier@acf.hhs.gov">rhonda.collier@acf.hhs.gov</a>     | (214) 767-2813 |
| <b>Tennessee</b>                              | Cindy Price-Hull          | <a href="mailto:cindy.pricehull@acf.hhs.gov">cindy.pricehull@acf.hhs.gov</a>   | (404) 562-2902 |
| <b>Texas</b>                                  | Valarie Williams          | <a href="mailto:valarie.williams@acf.hhs.gov">valarie.williams@acf.hhs.gov</a> | (214) 767-8130 |
| <b>Utah</b>                                   | Michael Callis            | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (215) 861-4785 |
| <b>Vermont</b>                                | Mary Evans                | <a href="mailto:mary.evans@acf.hhs.gov">mary.evans@acf.hhs.gov</a>             | (617) 565-1108 |
| <b>Virgin Islands</b>                         | Michael Callis            | <a href="mailto:michael.callis@acf.hhs.gov">michael.callis@acf.hhs.gov</a>     | (617) 565-2448 |
| <b>Virginia</b>                               | Calvin Jackson            | <a href="mailto:calvin.jackson@acf.hhs.gov">calvin.jackson@acf.hhs.gov</a>     | (214) 767-8122 |
| <b>Washington</b>                             | Ann Hudson                | <a href="mailto:ann.hudson@acf.hhs.gov">ann.hudson@acf.hhs.gov</a>             | (206) 615-3660 |
| <b>West Virginia</b>                          | Melinda Burnett           | <a href="mailto:melinda.burnett@acf.hhs.gov">melinda.burnett@acf.hhs.gov</a>   | (816) 426-5983 |
| <b>Wisconsin</b>                              | Cynthia Leggett           | <a href="mailto:cynthia.leggett@acf.hhs.gov">cynthia.leggett@acf.hhs.gov</a>   | (312) 886-4916 |
| <b>Wyoming</b>                                | Rhonda Collier            | <a href="mailto:rhonda.collier@acf.hhs.gov">rhonda.collier@acf.hhs.gov</a>     | (214) 767-2813 |
| <b>Tribal Grantees</b>                        |                           |  |                |
| <b>Oklahoma Tribal Grantees</b>               | FPRG                      | <a href="mailto:FPRG@acf.hhs.gov">FPRG@acf.hhs.gov</a>                         |                |
| <b>Alaskan Tribal Grantees</b>                | FPRG                      | <a href="mailto:FPRG@acf.hhs.gov">FPRG@acf.hhs.gov</a>                         |                |
| <b>New Mexican Tribal Grantees</b>            | FPRG                      | <a href="mailto:FPRG@acf.hhs.gov">FPRG@acf.hhs.gov</a>                         |                |
| <b>TX, LA Tribal Grantees</b>                 | Janice Realeza, GMO       | <a href="mailto:janice.realeza@acf.hhs.gov">janice.realeza@acf.hhs.gov</a>     | 215-861-4007   |
| <b>Regions 1, 2, 4, and 7 Tribal Grantees</b> | George Barnwell, GMO      | <a href="mailto:george.barnwell@acf.hhs.gov">george.barnwell@acf.hhs.gov</a>   | 617-565-140    |
| <b>CA, AZ, NV, OR, WA Tribal Grantees</b>     | Margaret Harrell, GMO     | <a href="mailto:margaret.harrell@acf.hhs.gov">margaret.harrell@acf.hhs.gov</a> | 312-353-4720   |
| <b>Region 5 and 8 Tribal Grantees</b>         | Janice Caldwell, Director | <a href="mailto:janice.caldwell@acf.hhs.gov">janice.caldwell@acf.hhs.gov</a>   | 214-767-2965   |

| <b>FVPSA Contact Information</b>   |                       |  |
|--|-----------------------|--|
| Director   | Shawndell Dawson      | Phone: (202) 205-1476<br>Email: <a href="mailto:Shawndell.Dawson@acf.hhs.gov">Shawndell.Dawson@acf.hhs.gov</a> |
| <b>Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.</b>  |                       |  |
| Contact: Maurice Hendrix   | Phone: (202) 690-5589 | Email: <a href="mailto:Maurice.Hendrix@acf.hhs.gov">Maurice.Hendrix@acf.hhs.gov</a>                            |
| <b>Region 2: New Jersey, New York, Puerto Rico and the U.S. Virgin Islands.</b>  |                       |  |
| Contact: Maurice Hendrix   | Phone: (202) 690-5589 | Email: <a href="mailto:Maurice.Hendrix@acf.hhs.gov">Maurice.Hendrix@acf.hhs.gov</a>                            |
| <b>Region 3: Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.</b>  |                       |  |
| Contact: Tya Johnson   | Phone: (202) 690-7862 | Email: <a href="mailto:Tya.Johnson@acf.hhs.gov">Tya.Johnson@acf.hhs.gov</a>                                    |
| <b>Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.</b>  |                       |  |
| Contact: Brian Pinero  | Phone: (202) 401-5524 | Email: <a href="mailto:Brian.Pinero@acf.hhs.gov">Brian.Pinero@acf.hhs.gov</a>                                  |
| <b>Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.</b>  |                       |  |
| Contact: Brian Pinero  | Phone: (202) 401-5524 | Email: <a href="mailto:Brian.Pinero@acf.hhs.gov">Brian.Pinero@acf.hhs.gov</a>                                  |
| <b>Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.</b>   |                       |  |
| Contact: Katherine Cloutier  | Phone: (202) 260-5738 | Email: <a href="mailto:Katherine.Cloutier@acf.hhs.gov">Katherine.Cloutier@acf.hhs.gov</a>                      |
| <b>Region 7: Iowa, Missouri, Kansas, and Nebraska</b>  |                       |  |
| Contact: Katherine Cloutier  | Phone: (202) 260-5738 | Email: <a href="mailto:Katherine.Cloutier@acf.hhs.gov">Katherine.Cloutier@acf.hhs.gov</a>                      |
| <b>Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.</b>   |                       |  |
| Contact: Tya Johnson   | Phone: (202) 690-7862 | Email: <a href="mailto:Tya.Johnson@acf.hhs.gov">Tya.Johnson@acf.hhs.gov</a>                                    |
| <b>Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau, and Commonwealth of the Northern Mariana Islands.</b> |                       |  |
| Tribes Contact: Betty Johnson  | Phone: (202) 205-4866 | Email: <a href="mailto:Betty.Johnson@acf.hhs.gov">Betty.Johnson@acf.hhs.gov</a>                                |
| <b>Region 10: Alaska, Idaho, Oregon, and Washington.</b>   |                       |  |
| Contact: Shena Williams  | Phone: (202) 205-5932 | Email: <a href="mailto:Shena.Williams@acf.hhs.gov">Shena.Williams@acf.hhs.gov</a>                              |

**ARP Grants to Support Survivors of Sexual Assault Funding Table**

| <b>2021 ARP Grants to Support Survivors of Sexual Assault State/Territories Awards</b> |                  |
|--|------------------|
| ALABAMA  | \$ 2,470,065.00  |
| ALASKA   | \$ 879,010.00    |
| ARIZONA  | \$ 3,376,089.00  |
| ARKANSAS   | \$ 1,750,985.00  |
| CALIFORNIA   | \$ 15,669,887.00 |
| COLORADO   | \$ 2,796,371.00  |
| CONNECTICUT  | \$ 1,959,794.00  |
| DELAWARE   | \$ 971,392.00    |
| DISTRICT OF COLUMBIA   | \$ 869,171.00    |
| FLORIDA  | \$ 8,791,568.00  |
| GEORGIA  | \$ 4,649,465.00  |
| HAWAII   | \$ 1,140,011.00  |
| IDAHO  | \$ 1,281,583.00  |
| ILLINOIS   | \$ 5,433,008.00  |
| INDIANA  | \$ 3,167,656.00  |
| IOWA   | \$ 1,803,338.00  |
| KANSAS   | \$ 1,711,132.00  |
| KENTUCKY   | \$ 2,303,962.00  |
| LOUISIANA  | \$ 2,373,041.00  |
| MAINE  | \$ 1,112,680.00  |
| MARYLAND   | \$ 2,905,811.00  |
| MASSACHUSETTS  | \$ 3,228,788.00  |
| MICHIGAN   | \$ 4,408,968.00  |
| MINNESOTA  | \$ 2,750,945.00  |
| MISSISSIPPI  | \$ 1,735,098.00  |
| MISSOURI   | \$ 2,940,803.00  |
| MONTANA  | \$ 1,007,630.00  |
| NEBRASKA   | \$ 1,337,780.00  |
| NEVADA   | \$ 1,774,766.00  |
| NEW HAMPSHIRE  | \$ 1,118,591.00  |
| NEW JERSEY   | \$ 3,987,650.00  |
| NEW MEXICO   | \$ 1,399,727.00  |
| NEW YORK   | \$ 8,019,551.00  |
| NORTH CAROLINA   | \$ 4,600,135.00  |
| NORTH DAKOTA   | \$ 890,649.00    |
| OHIO   | \$ 5,058,201.00  |
| OKLAHOMA   | \$ 2,109,181.00  |

|                          |                          |
|--------------------------|--------------------------|
| OREGON                   | \$ 2,208,637.00          |
| PENNSYLVANIA             | \$ 5,482,654.00          |
| RHODE ISLAND             | \$ 1,004,038.00          |
| SOUTH CAROLINA           | \$ 2,563,710.00          |
| SOUTH DAKOTA             | \$ 937,407.00            |
| TENNESSEE                | \$ 3,204,634.00          |
| TEXAS                    | \$ 11,658,974.00         |
| UTAH                     | \$ 1,822,746.00          |
| VERMONT                  | \$ 837,988.00            |
| VIRGINIA                 | \$ 3,855,431.00          |
| WASHINGTON               | \$ 3,504,306.00          |
| WEST VIRGINIA            | \$ 1,283,521.00          |
| WISCONSIN                | \$ 2,820,665.00          |
| WYOMING                  | \$ 820,738.00            |
|                          |                          |
| PUERTO RICO              | \$ 1,818,069.00          |
| AMERICAN SAMOA           | \$ 198,000.00            |
| GUAM                     | \$ 198,000.00            |
| NORTHERN MARIANA ISLANDS | \$ 198,000.00            |
| VIRGIN ISLANDS           | \$ 198,000.00            |
|                          |                          |
| <b>TOTAL</b>             | <b>\$ 158,400,000.00</b> |
|                          |                          |

| <b>2021 ARP Grants to Support<br/>Survivors of Sexual Assault<br/>Tribes and Tribal Organizations Awards</b> |                 |
|--|-----------------|
| AL Poarch Band of Creek Indians  | \$ 97,457.00    |
| AK Alatna Tribal Council   | \$ 54,143.00    |
| AK Aleutian Pribilof Island Assoc. Inc.  | \$ 54,143.00    |
| AK Anvik Traditional Council   | \$ 54,143.00    |
| <i>AK Bristol Bay Native Association</i>   | \$ 1,137,003.00 |
| AK Chugachmiut   | \$ 54,143.00    |
| AK Dot Lake  | \$ 54,143.00    |
| <i>AK Eastern Aleutian Tribes, Inc.</i>  | \$ 324,858.00   |
| <i>AK Emmonak Women's Shelter</i>  | \$ 433,144.00   |
| AK Fairbanks Native Association  | \$ 75,800.00    |
| AK Grayling IRA Council  | \$ 54,143.00    |
| <i>AK Kodiak Tribal Council</i>  | \$ 324,858.00   |
| AK Koyukuk Tribal Council  | \$ 54,143.00    |

|   |                 |
|---|-----------------|
| <b><i>AK Maniqa Association</i></b>                 | \$ 649,716.00   |
| AK McGrath Native Village Council                   | \$ 54,143.00    |
| AK Native Village of Afognak                        | \$ 54,143.00    |
| AK Nikolai Village                                  | \$ 54,143.00    |
| AK Northway Village Council                         | \$ 54,143.00    |
| AK Nulato Tribal Council                            | \$ 54,143.00    |
| AK St. Paul Tribal Government                       | \$ 54,143.00    |
| AK Sun'aq Tribe of Kodiak                           | \$ 54,143.00    |
| AK Telida Village Council                           | \$ 54,143.00    |
| AK Tetlin Tribal Council                            | \$ 54,143.00    |
| AK Venetie Village Council                          | \$ 54,143.00    |
| AK Angoon   | \$ 54,143.00    |
| <b><i>Helping Ourselves Prevent Emergencies</i></b> | \$ 162,429.00   |
| Kenaitze Indian Tribe                               | \$ 54,143.00    |
| Native Village of Napaimute                         | \$ 54,143.00    |
| Newtok Village                                      | \$ 54,143.00    |
| AZ Hualapai Tribal Council                          | \$ 75,800.00    |
| AZ Navajo Nation                                    | \$ 4,872,837.00 |
| AZ Tohono O'odham Nation                            | \$ 541,426.00   |
| AZ Yavapai Prescott Indian                          | \$ 54,143.00    |
| CA Hopland Band of Pomo Indians                     | \$ 54,143.00    |
| <b><i>CA Inter-Tribal Council of California</i></b> | \$ 1,537,661.00 |
| CA Karuk Tribe                                      | \$ 162,428.00   |
| CA La Jolla Band                                    | \$ 54,143.00    |
| CA Mojave   | \$ 75,800.00    |
| CA Smith River Rancheria                            | \$ 54,143.00    |
| <b><i>CA Southern Indian Health Council</i></b>     | \$ 379,001.00   |
| <b><i>CA Strong Hearted Native</i></b>              | \$ 324,858.00   |
| <b><i>CA Wiyot Tribe</i></b>                        | \$ 108,286.00   |
| CA Yurok  | \$ 162,428.00   |
| <b><i>Cahuilla Indian Reservation</i></b>           | \$ 184,086.00   |
| Iipay Nation of Santa Ysabel                        | \$ 54,143.00    |
| CO Southern Ute                                     | \$ 75,800.00    |
| ID Coeur D'Alene Tribe                              | \$ 75,800.00    |
| ID Shoshone-Bannock Tribes                          | \$ 140,771.00   |
| KS Iowa Tribe Kansas and Nebraska                   | \$ 54,143.00    |
| Sac and Fox Tribe of Missouri                       | \$ 54,143.00    |
| <b><i>LA Institute for Indian Development</i></b>   | \$ 238,229.00   |
| ME Aroostook Band of Micmacs                        | \$ 54,143.00    |
| ME Houlton Band of Maliseet Indians                 | \$ 54,143.00    |
| ME Passamaquodd at Indian Township                  | \$ 54,143.00    |
| ME Penobscot  | \$ 119,114.00   |
| ME Pleasant Point Passamaquoddy Tribe               | \$ 54,143.00    |

|  |                 |
|--|-----------------|
| MA Wampanoag Tribe of Gay Head                         | \$ 54,143.00    |
| MI Bay Mills Indian Community                          | \$ 54,143.00    |
| MI Grand Traverse                                      | \$ 75,800.00    |
| MI Hannahville Indian Community                        | \$ 54,143.00    |
| MI Lac Vieux Desert Band of Chippewa Indians           | \$ 54,143.00    |
| MI Little River Band of Ottawa Indians                 | \$ 75,800.00    |
| MI Little Traverse Bay Band of Odawa Indians           | \$ 75,800.00    |
| MI Match-E-Be-Nash-She-Wish                            | \$ 54,143.00    |
| MI Saginaw Chippewa Indian Tribe                       | \$ 97,457.00    |
| MI Sault St. Marie Tribe of Chippewa Indians           | \$ 411,484.00   |
| MN Bois Forte Band of Chippewa                         | \$ 75,800.00    |
| MN White Earth Reservation                             | \$ 205,742.00   |
| MS Mississippi Band of Choctaw Indians                 | \$ 205,742.00   |
| MT Confederated Salish and Kootenai                    | \$ 184,085.00   |
| Northern Cheyenne Tribal Council                       | \$ 184,085.00   |
| NE Omaha Tribe of Nebraska                             | \$ 162,428.00   |
| NE Ponca Tribe of Nebraska                             | \$ 54,143.00    |
| <b><i>NV Inter-Tribal Council of Nevada Inc.</i></b>   | \$ 833,802.00   |
| Pyramid Lake Paiute Tribe                              | \$ 75,800.00    |
| <b><i>NM Eight Northern Indian Pueblos Council</i></b> | \$ 422,315.00   |
| NM Pueblo of Isleta                                    | \$ 140,771.00   |
| NM Pueblo of Nambe                                     | \$ 54,143.00    |
| NM Pueblo of Zuni                                      | \$ 281,542.00   |
| NM Santo Domingo Tribe                                 | \$ 119,114.00   |
| NY Saint RegisS Mohawk Tribe                           | \$ 162,428.00   |
| NC Eastern Band of Cherokee Indians                    | \$ 281,542.00   |
| ND Turtle Mountain Band of Chippewa Indians            | \$ 454,798.00   |
| Cheyenne-Arapaho                                       | \$ 162,428.00   |
| OK Absentee Shawnee Tribe                              | \$ 75,800.00    |
| OK Cherokee Nation                                     | \$ 4,872,837.00 |
| OK Chickasaw Nation                                    | \$ 2,707,132.00 |
| OK Choctaw Nation of Oklahoma                          | \$ 4,872,837.00 |
| OK Citizen Potawatomi Nation                           | \$ 119,114.00   |
| OK Comanche Nation                                     | \$ 541,426.00   |
| OK Delaware Tribe of Indians                           | \$ 54,143.00    |
| OK Eastern Shawnee Tribe                               | \$ 75,800.00    |
| OK Fort Sill Apache Tribe of Oklahoma                  | \$ 97,457.00    |
| OK Iowa Tribe of Oklahoma                              | \$ 54,143.00    |
| OK Kaw Nation  | \$ 75,800.00    |
| OK Muscogee Creek Nation                               | \$ 2,707,132.00 |
| OK Otoe-Missouria Tribe of Indians                     | \$ 97,457.00    |
| OK Ponca Tribe of Indians                              | \$ 54,143.00    |
| OK Quapaw Tribe of Oklahoma                            | \$ 97,457.00    |

|   |                         |
|---|-------------------------|
| OK Sac and Fox Nation                           | \$ 54,143.00            |
| OK Seminole Nation of Oklahoma                  | \$ 54,143.00            |
| OK Wichita & Affiliated Tribes                  | \$ 75,800.00            |
| OK Pawnee Tribe of Oklahoma                     | \$ 54,143.00            |
| OK Seneca Cayuga Tribe of Oklahoma              | \$ 97,457.00            |
| OK United Keetoowah Band of Cherokee            | \$ 75,800.00            |
| OK Wyandotte Nation                             | \$ 119,114.00           |
| Grand Ronde                                     | \$ 119,114.00           |
| RI Narragansett Indian Tribe                    | \$ 140,771.00           |
| SC Catawba Indian Nation                        | \$ 97,457.00            |
| SD Cheyenne River Sioux Tribe                   | \$ 324,856.00           |
| SD Flandreau Santee Sioux                       | \$ 54,143.00            |
| SD Oglala Lakota Nation (Oglala Sioux Tribe)    | \$ 714,683.00           |
| SD Rosebud Sioux Tribe                          | \$ 454,798.00           |
| SD Standing Rock Sioux Tribe                    | \$ 281,542.00           |
| UT Paiute Indian Tribe of Utah                  | \$ 54,143.00            |
| WA Kalispel Tribe of Indians                    | \$ 54,143.00            |
| WA Lummi Indian Nation                          | \$ 119,114.00           |
| WA Muckleshoot Tribe of Washington              | \$ 75,800.00            |
| WA Puyallup Tribe of Indians                    | \$ 97,457.00            |
| <b><i>WA South Puget Intertribal Agency</i></b> | \$ 270,715.00           |
| WA Spokane Tribe of Indians                     | \$ 97,457.00            |
| WA Swinomish Indian Tribal Community            | \$ 54,143.00            |
| WI Bad River Band of Lake Superior              | \$ 119,114.00           |
| WI Menominee Indian Tribe of Wisconsin          | \$ 281,542.00           |
| WI Red Cliff Band of Lake Superior Chippewas    | \$ 75,800.00            |
|   |                         |
| <b>Total</b>                                    | <b>\$ 39,600,000.00</b> |
|   |                         |
|   |                         |
| <b><i>Bold Italic = Consortium</i></b>          |                         |